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PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number 8403.969					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								OTHER THA SMALL ENTITY OR SMALL ENT					1	
FOR NUMBER FILED					NUMBER EXTRA			RAT	Έ	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))							1			<u>s 0</u>	OR		§ 750	
TOT	AL CLAIMS CFR 1.16(c))	17	7 minus 20 =		* 0			x \$ <u>9</u>	_=	0	OR	x <u>\$ 18</u> =	0	
	EPENDENT CLA CFR 1,16(6))	IMS 5	minus 3 =		* 2			x 42 _=		0	OR	x <u>84</u> ≈	168	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						0		+ 140	=	0	OR	+ <u>280</u> ≈	0	
* If the difference in column 1 is less then zero, enter "0" in column 2										0	OR	TOTAL	918	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY OR SMAL					HAN NTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA		RAT	Е	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	** 2		= 0		x \$_9_	_=	0		x \$ <u>18</u> =	0	
	Independent (37 CFR 1.16(b))	*	Minus	*** 3		= 0		x 42	=	0		x=	0	
	FIRST PRESENTATION OF MULTII			TIPLE DEPENDENT CLAIM (37 C			\prod	+ 140	_=	0	OR	+ 280 =	0	
(Column 1) (Column 2) (Column 3)									AL EE	0	OR A	TOTAL DDIT. FEE	0	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NI PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE x \$ 9 =	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**		=			0	OR	x \$_18_=	0		
	Independent (37 CFR 1.16(b))	*	Minus	***		=		x_42	_=	0	OR OR	x <u>84</u> =	0	
	FIRST PRESENTATION OF MULTIPLE DEP			PENDEN	ENDENT CLAIM (37 CFR 1.16(d))			+ 140	_ ≈	0	OR	+ _280 =	0	
(Column I) (Column 2) (Column 3)								TOT DDIT. F	AL EE	•	OR _A	TOTAL DDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RAT	Е	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**		=	\prod	x \$ <u>9</u> =	_=	0		x \$ <u>18</u> =	0	
	Independent (37 CFR 1.16(b))	*	Minus	***		=		x 42	_=	0		x <u>84</u> =	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ 140	_=	0	OR	+ <u>280</u> =	0	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									0	OR A	TOTAL DDIT. FEE	0	
*** If	the "Highest Nur	mber Previously Pa nber Previously Pa per Previously Paid	id For" IN THI	S SPACE	E is less than 3	3, enter "3".	d in t	he appro	priat	e box in colu	mn I.			